PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10667303

CLAIMS AS FILED - PART I (Column 1) (Column							-	SMALL ENTITY TYPE			OTHER THAN R SMALL ENTITY	
TOTAL CLAIMS			E					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA	В	ASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			9 minus 20=		*			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			(minus 3 =		*			X42=		OR	X84=	
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT					+140=		OR	+280=	180
* If	the difference	in column 1 is	less than ze	ero, enter	r "0" in c	olumn 2	<u>_</u>	TOTAL		OR	TOTAL	1160
	С	LAIMS AS A	MENDE	MENDED - PART II							OTHER	
		(Column 1) CLAIMS	(Colum			(Column 3) SN		SMALL E		OR	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X84=	
L	FIRST PRESE	NTATION OF MI	ULTIPLE DE	PENDENT	CLAIM			+140=		OR	+280=	
							L	TOTAL		OR	TOTAL	
(Column 1) (Column 2) (Column 3)								DIT. FEE		 • • • •	ADDIT. FEE	
	Marie Committee	CLAIMS		HIGH	(EST	(Column 3)	1 -		ADDI-	- 1		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	OUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X84=	
L	FIRST PRESE	NTATION OF MU	JLTIPLE DEI	PENDENT	CLAIM		! -	+140=		OR	+280=	
							AD.	TOTAL DIT. FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colur	mn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=			X84=	
	FIRST PRESE	NTATION OF M	JLTIPLE DEPENDENT		T CLAIM		-	, , , , ,		OR		
	If the entry in action	mn 1 is loss than t	ha anter la cal	ımn Ola	~ "O" i~	duma 2	Ŀ	+140=		OR	+280≃	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT. FEE	
		nber Previously Pa					er found	in thapp	ropriate box	c in co	lumn 1.	